THE

MEDICAL AND SURGICAL REPORTER.

No. 1186.] PHILADELPHIA, NOVEMBER 22, 1879. [Vol. XLI.—No. 21.

ORIGINAL DEPARTMENT.

LECTURE.

SALUTLAND—THE IDEAL OF A HEALTHY PEOPLE.

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[At the recent Sanitary Congress, at Croydon, Eng., the eminent President, Dr. B. W. Richardson, delivered an address, of which the following extract, embodying his ideal sanitary principles, is taken from the proof sheets kindly forwarded to this journal by the distinguished author, through the favor of Dr. Laurence Turnbull, of this city, who was present at the Congress. Of the three sections into which the Congress was divided—medical, constructional and meteorological—the well known physiologist, Dr. Carpenter, presided over the first mentioned, and to his enlightened labor much of the success of the meeting is due.

Dr. Richardson begins his address by citing the opinions of Flourens and Owen, that the natural term of man's life is a hundred years, and then proceeds to give an ideal sketch of "Salutland," where the inhabitants live so as to attain this average age:—]

In order to carry out my design, permit me, in imagination, to convey you into a future age. Let the bells be ringing in the fiftieth year of the twenty-first century of the Christian era. Let us, still speaking our mother English tongue, travel by readiest and quickest transit—in an aerial ship, if it pleases you—to a point on the earth's surface lying to the extreme south of that region which Mr. Hepworth Dixon, in one of his prolific and striking works, happily designated as New America. There land with me in an independent commonwealth, to which has long been given the name of Salutisland, or more commonly Salutland. * * * * * * *

THE POLITY OF SALUTLAND.

You will presume that, as a beginning of our travels, we shall go at once to the capital of the nation. That is not possible, for there is no capital. There is a beautiful country, three hundred miles long, and in many places two hundred miles broad, inhabited by seven millions of people, and possessing the most beautiful cities; but there is no single city that claims to be called a capital. All cities have an equal right and an equal importance. But where, say we, is the centre, or seat of government? Is there not in that sense a capital? Not at all. There is no seat of government, and yet every city is such a seat. In the early days of the commonwealth, the wise, matured men, who had passed the age of ambition's fool, came to the conclusion that it would be dangerous to concentrate any ruling power in any particular city or centre. * * *

The absence of a seat of government, and of all centres for cabal and plots of politics, does away altogether with professed politicians, a condition which these wise people very much appreciate. They have a singular idea, gathered from what they have learned among political nations, that politics is a sort of quackery. When, therefore, they see one of their community getting up to make violent political speeches, they treat him as a harmless lunatic if they think him sincere and single-minded, and as a dangerous one if they guess that he has any selfish or personal intentions or aspirations in view. The result is that would-be political men are all in the shade. They

are called, after a term gathered from the old country, "Coventryites," and they are so universally recommended to go to the place connected with their name, that they give very little trouble indeed. As to the practice of ruling by parties, and balancing one set of ruling spirits, each equally ambitious to show how they cannot do it, against another, by which some ancient people were at one time hanged, drawn and quartered at regular intervals, they look upon that with absolute wonder, and as almost too incredible to be conceived in connection with the normal existence of reasoning minds. It suggests to them a spectacle of incessant civil war, bloodless but costly, devastating, maddening and mortal. Certain it is, they maintain that with so much political strife it would have been utterly impossible to have attained the length of days, riches and honor of Salutland. * * *

It must not be supposed, however, that there is any disregard to order and public law in our ideal country. There are administrators of order according to the public will, and officers of it. In all communities under a thousand of population there is the magistrate or commonwealth Censor, who adjudicates on appeals made to him on behalf of public justice. The Censor is a man who has reached forty years of life, and in every community it falls in order of age to one man to hold this office for one year, if he be himself of good and worthy repute. Where the community numbers over a thousand, one more Censor for every thousand persons is added, so as to constitute a sufficient tribunal, while in urgent cases it is permissible to summon a larger council from those who have previously held the office of Censor. Thus it falls out, that every man in the State has, of necessity, without election or any caprice of the kind, to expect to perform the highest function connected with local self-government; and as he who will some time be called upon to administer justice must needs be himself pure of heart, the fact of the responsibility that will come on him helps to keep him strong and resolute in virtue. Beneath the Censors are, in like manner, impressed a sufficient number of officers, composed of men over twenty and under forty, who carry out the instructions of the Censors, and bring before them those who are, for the time, under judgment. No man escapes the single year of this duty.

Where there are no politicians nor lawyers, there is little need for armed men. Carrying out to its fullest possible development another cardinal Christian principle, "peace on earth, good will toward men," the Salutlanders maintain that a people which picks no quarrels has none, and, enigmatical or visionary as this may seem, they find it true. To spend money in making vast engines for the destruction of human life is, to their minds, not insanity merely, but the greatest of crimes, excusable only by the direst necessity.

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The destroying professions contracted in the strongholds of our model people, it follows that even the healing professions must also be limited. The fact is so. It were not a Salutland, in any true sense of the term, that should demand, as we have it, one professor to a few hundreds of the population, to soothe and heal up the diseases of body and mind. In Salutland there are no healers as distinct or salaried classes. In the first place, there is little necessity for them. In the second place, on the subject of the laws of life and health, and the construction of the house of life, every person, male and female, has a sound education, the study of this subject being primary in all schools and familes. And, in the third place, the principles of moral science are taught with exacting rule. Thus all the men and women can, to a large extent, take care of themselves and theirs. At the same time encouragement is given to an order of men and women who, combining the offices of minister and physician, and cultivating their minds in a highly intellectual degree, are greatly venerated and esteemed. The women so cultivated are ready to give aid and assistance to other women in great pain and peril; and the men are consulted, if the term may be used, in all circumstances of serious danger to health and life of a public or personal kind. But none of these are paid for their services, and indeed to offer a fee would be considered the greatest of insults, the idea being that to pay a man or woman for the divine service of relieving affliction, either of mind or body, is to spoil the divinity of the act altogether, and to bring it down to the lowest level of the lowest humanity.

These administrators may follow, therefore, some other occupation as a means of livelihood; or, they may be what we would call persons of independent means; or, as is common in many towns, they may receive an endowment which has been left to maintain them in their dignified pursuits. They are still called doctors—learned—and they are indeed true physicians, students of nature, faithful ministers both of body and mind. They consider no honorable labor too low that is connected with the collection of knowledge, no labor too hard that is connected with the administration of what is good. * * *

SOCIAL AND DOMESTIC LIFE IN SALUTLAND.

The first thing that strikes us is the number of their fine but moderate-sized cities. Modern Babylons, like London, Pekin or New York, are unknown among them. It is considered that a centre of life containing, in a limited space, more than a hundred thousand people is a danger, is, in truth, for all purposes of health, unmanageable. Death, they hold, is the shadow of birth, and if large communities be admitted, in which people are herded together, the shadow may be calculated with as much accuracy as an eclipse. Five separate dwelling houses to an acre of land, and five persons to a separate dwelling house, is the densest population allowed. The houses, large and small, are all built, with varieties only of artistic design, on arches, which raise them from the ground; the bedrooms are disconnected altogether from the living rooms; gardens are all around, and gardens are on the roofs. In the midst of the towns the eye is struck with the cultivation of fruit trees that prevails. The towns of Salutland might be called, as ancient Norwich once was called, the towns or cities of orchards. Throughout all the country the land is under cultivation of the most perfect kind for cereal produce and fruit and vegetables. Through this cultivation there are interspersed magnificent parks and glades, in which harmless animals of the most beautiful kind are free to wander. Every tamable animal is there, and all animals are objects of singular and lively interest. The rivers and lakes are filled with varied kinds of fish, and every sort of bird that can be collected, retained and naturalized on the land, is also to be seen. But what strikes us as most curious is that this living, magnificent creation is obviously preserved mainly for pleasure, and instruction and beauty. There is no idea of preparing any member of it for slaughter for any purpose, except for decrepitude, accident, or positive necessity. A man, woman, or child, who for wanton pleasure should hunt down or torture one of the inferior creatures would be cast out of society, while the idea of having the dumb creature killed, and hung up in open shops to bleed and be quartered and cooked for human beings to live on, would be treated with as much disgust as we should now treat the practice of the owners of those African shambles for human remains which Professor Huxley, in one of his most charming books, has so faithfully re-copied, to illustrate the history of a past civilization.

Animals are, notwithstanding, still used by our model people. Their fleeces are used for clothing, their milk for food, and many of them are made to work. The elephant works with an intelligence and skill that is almost human, and with a power that is superhuman, so that he is one of the most useful and faithful, and best-beloved of all the lower animals in the land. He is the rival of the horse, which is also much cared for, and is bred in a state of great perfection for bearing the rider, to which duty he is mainly consigned. He is in much request, for all persons in Salutland male and female, are consummate in the saddle; their country, which contains vast and fertile plains, divided by splendid roads, and their atmosphere, which, except during a short periodical rainy season, is mild and dry, being remarkably suitable for horse exercise. * * * * * *

THE PEOPLE OF SALUTLAND.

From the social life of this ideal land we may turn to the people who inhabit it, and who have proved the truth of the anatomical argument as to the natural constant of human life. They are so advanced, in this respect, that by fifty to sixty years of expected life they are better off than we are who live to-day.

As the people pass before us while we move in their midst, we are fain to divide them, after Flourens, into types of five ages. Their first period of life extends to ten years, in which dentition is perfected; the age of infancy. Their second period extends to twenty years, in which the development of the skeleton is completed; age of adolescence. Their third period extends to forty years, in which the increase of the size of the body terminates and the whole organism is completed; age of manhood and womanhood. Their fourth period extends to seventy years, in which the whole of the internal organs are made firm and invigorated; age of maturity. Their last period extends from seventy to a hundred years, and is subdivisible into two parts, one reaching to eighty-five, the first old age; the second from eighty-five to one hundred or beyond it; the ripe old age, or sacred age.

WORK IN SALUTLAND.

In each of these ages the body and mind have their natural work, and rest, and play. The first age is left to be devoted entirely to active physical growth; not a strain or tax is ever put upon it that approaches labor. "To grow is to labor," is one of the mother's maxims. "It is time to begin to earn bread when the teeth can chew it," is another similar homely proverb. So the children grow up, not in idleness, but in directed pleasures, which tend toward the acceptance of work and play as varieties of one and the same pastime. They are allowed from ten to twelve

hours of sleep; they are led into games and exercises which develop the physical and mental powers; and their only lessons are in practical and amusing tastes in languages and in music. Their own native tongue, still English, and even more purely English, as is natural in a concentrated community, than the English of England, which has become more mixed than formerly, is taught in the purest form of accent and style, as a first consideration. After that, other languages are taught, conversationally, from their roots, and all the languages of Indo-European origin are thus early impressed, and easily impressed, on the mind. Music is taught as naturally as language, in fact, as a part of natural language, the notes running with the alphabet, the chords with syllables, the melodies with sentences. Every child can sing. The birds of the forests, the morning stars that in their courses sing together, are not more harmonious than the children of Salutland.

The result in after days is that every adult remembers the child life with pleasure and profit; that life has been based on happiness, and life so based can scarcely ever be mournful.

The second, or developing stage of life, is also little oppressed with work. A young old man or woman in Salutland would be looked upon as a deformity. The home life is exclusively cultivated. To send boys and girls into cloisters and barracks, to commingle in herds, and exchange their own crude ideas and sentiments as current coin, would be esteemed a parental crime, carried out to excuse parental care and parental responsibility. The young of both sexes during this age go to the academies, where they are taught together, a plan which refines the boys and strengthens the girls. The education is never forced. Hard examinations, prizes, rewards for work, all these stimulants would be held as mentally poisonous, mere excitants of local emulation, to the exclusion of the general. "It is honorable to learn," say the Salutlanders; "it is more honorable to be learned; it is most honorable to communicate learning." So it comes to pass that learning is universally appreciated, and that the office of teacher is among the very highest in the social scale. The teacher is called the second parent, and in after days is often referred to by the scholar in that familiar form, so that lineage seems to descend through the schoolmaster or schoolmistress as naturally as through father and mother.

No profession or calling is thought of in the second age, as to be commenced then. The most that is done is in preparation. "The limbs cannot carry till the skeleton is completed," is a maxim of the Saluts applied to this term. "The brain must not toil until its workshop is constructed," is another maxim also applied to the same period of life. In this period marriage is never thought of; it were a proceeding altogether out of fashion. Families in Salutland springing from such union would stand out like mere dolls in the rest of the community, and would be called dollards, or dottrells, stunted in growth, and stinted in life. There are a few families of dottrells remaining who would give anything to change the name that is tacitly applied to them, and who prefer to die out unmarried rather than perpetuate the abnormality they unfortunately represent.

In the third age the business of life commences, and through it and the fourth age is continued, running often into the fifth. It is part of the whole economy of the Saluts that they never dream either of killing themselves or injuring themselves by work on the one hand, or by retirement from work on the other. They reason in this wise: A human being is constructed to perform a certain amount of work. His heart is born to deliver a certain number of beats, say, in one hundred years of natural life, three billions six hundred and fifty millions of beats. He is constituted to develop in the various organs of his body so many trillions of active cells, which make up his molecular organism, and which duly supplied with force derived from without, are capable of performing so much work as they live and die. More force of heart, more development of cells, more life, in short, no man or woman can ever possess, than that with which they are primitively endowed, as far, at all events, as is yet known, and all the free-will in the world cannot change this one fundamental fact. At the same time free-will can do this much, it can use its own as it likes. It can wear out its cell life altogether equally and sedately, and so live the whole allotted time, keeping a good margin; or it can wear out its cell life altogether and rapidly, leaving no margin; or it can wear out the cell life of one particular organ—brain, heart, stomach, liver, kidney—by excessive use and exhaustion of the cells of such organ, and so can kill the whole organization, by the death of one organ, the rest of the organs being still in condition, perchance, for years of activity.

Such being the facts, they continue to argue it is the best policy to let the life run out by the first plan, evenly and sedately. That plan ensures plenty of time for all a man can do. His ambition directed to worthy objects can be most en-

tirely sated by this procedure. He can live to conceive great and useful thoughts and acts, and to bring them to maturity. He can live to recast those thoughts and acts, to compare them with the thoughts and deeds of other men, to leave them perfected and original in the strictest degree, and to hear and realize the faithful opinions of contemporaries, young and old.

These slow steps toward honor and fame sanctify both honor and fame. They give to the good and the great a foretaste of what shall be said of them when they are dead, and they prevent the young and middle-aged from hoping and expecting to be over-praised by contemporaries until the day of their work is drawing to a close and the work itself has been long enough before the world to permit of a judgment being passed upon it. He only can be wise who has ceased to covet the praises of men, is the idea and the practice in Salutland. He only should retire from active work from whom work retires, is another idea and practice so faithfully followed, that every town yields many workers who, like Titian the Great, are doing their full quantity at the centenaries of their births.

By these methods life in Salutland is meted out into its appointed natural time, and as work is honored universally, and idleness only is despised, there is never more work put on any man, or woman, or child born, than that man, woman, or child can bear with the full assurance of length of days. For all necessary purposes, such is the easy and equal distribution of labor, and so comparatively light are the tasks of labor, from three to four hours in the twenty-four are sufficient for everything that needs to be done, by the busiest of the busy, to keep the social machine in perfect order. * * * * * *

HEALTH IN SALUTLAND.

The Salutlanders have already been spoken of so far as beautiful, in shape and feature, happy, and in the keenest enjoyment of life. One reason of their acquired health is that they have mastered the pestilential diseases. An epidemic from pollution of air, of water, of food, is with them impossible. The hereditary tendencies to disease are either lost altogether, or are so nearly eradicated as to be practically removed. The diseases incident to poverty are stamped out by the removal of their cause. The diseases incident to intemperance and luxury are stamped out by the removal of their causes. The diseases incident to occupation are stamped out by the careful and easy expunging of everything that is injurious in occupations. The diseases incident to worry are stamped out by the abolition of maddening, exhausting, and useless strifes and ambitions.

In a word, this people contends only with the natural elements, the heat of the sun, the flash of the lightning, the changes of atmosphere, from the fatal effect of which they rarely suffer; and with the one destroying inevitable power, the gravitation of the earth, which brings old age and death.

Thus, with the fewest accidental exceptions, the men and women attain the sacred age. Their death-rate is normal and constant, at eight in the thousand per year, and death itself painless; final sleep is hardly more than departure to rest when the day of work is done.

Let us now, as a practical study, glance at the simple means by which the results here described have been achieved. We may do this in the most practical way, and may learn by the exercise as much true sanitary knowledge as if the whole line of evidence were in actual demonstration before our intelligence. Any body of men and women setting forth, as I have supposed, could, as I wish to show, easily accomplish and verify my history.

The people, as I suppose them, originated from some three hundred emigrants, who, at the close of the nineteenth century, in a period of great agricultural depression and political strife, left England, their native land, for what was then called the "Light Continent." Reaching the southern border of that continent, and not finding the kind of government and home they expected, they set forth on their own account, crossed over acknowledged territories, and finding beyond them a tract of land hitherto unexplored, full of singular historical memories of a lost race, and truly no man's land, settled there, and founded their dominion. At first they were mainly a Saxon people; but as they progressed, adventurous men and women of Keltic and Jewish bloods soon joined them, introducing the happiest combination as yet known of mixed races fused into one people; races ever retaining their individualities, yet producing a stable and united community.

In a sanitary sense, the start was excellent. The men and women who founded the commonwealth were from the best working blood of the country that gave them forth. If they had not had courage, endurance, fortitude, perseverance, physical strength, and, in one good word, stamina, they would never, in the bloom of life, have left their native shores. They were, moreover, freed from the bondage of intemperance, and were thus delivered from a scourge which, in our own land of

to-day, directly and indirectly, destroys the physical life of one hundred thousand a year, with forty per cent. of the destroyed mental life of the nation. Thus they yielded a splendid foundation for a long-lived people. Then they became mixed in race; and this again favored the development of a future healthy community, admixture being, under favorable circumstances, a steady source of strength, without deterioration of racial qualities.

On the whole, they might be taken as having, at their start, an expected life value of fifty-five years, with a death-rate not exceeding fifteen or sixteen per thousand.

They were also extremely fortunate in respect to climate and land. The soil they occupied was so fertile it supplied all their immediate wants, and as they spread out and enlarged their territory, under the administration of a limited homestead law, they were not induced to enclose themselves round particular centres in densely-packed dwellings. By choice they were soon chiefly engaged in agricultural pursuits, and although by necessity a minority of them became occupied in industrial arts, these also retained some character of the husbandman. If the factory or in-door worker or mechanic had not his fields to till, he cherished his garden, so that throughout Salutland the sentiment of Sir Walter Raleigh, that no man has a house who has not also a garden, was fully appreciated.

To these advantages the settlers in the new land added those of education. The thirty years' work of the English school board system had told marvelously on the intellectual development of the people. Every settler could read well, write well, calculate well, understand the geography of the earth, and hold a sufficient knowledge of natural history and natural science to enable him to apply the gifts of nature to his own peculiar requirements or necessities.

Priceless boon of all, these settlers had become indoctrinated, in their own land, with the elementary truths relating to public health. They had learned the lesson of physiology; they had acquired a certain knowledge of what were and what were not healthy places. Chadwick's estimate of an eight per thousand death-rate as a normal constant, had been proved to them as possible, with such effect, that they had learned to look upon it as almost criminal for a civilized country to possess a town in which this rate was wilfully broken. They had learned the history of the diseases produced by uncleanliness, had become practiced in the useful and innocuous distribution of sewage, and had seen the dangers that arise from pitching dwellings in damp localities, and in building dwellings with materials that absorb and hold water. In accord in spirit with the best information on these points, they carried out the spirit to the letter in their practice, and so began on a new and sound foundation. Ignoring all thought of false economy, destroying by fire all carriers and sources of contagion, and providing for the instant isolation of every case of contagious or infectious disease, they stamped out the communicable diseases wholesale, with a success and readiness which were surprises even to the most sanguine preventionist, and which gained for them ten years of life. * * * *

The philosophical physicians who soon came to the front in Salutland were, as we have already seen, scientific sanitarians, as well as professed healers of the sick. Any man who called himself a physician was held of no repute unless he combined all these characters, and, on the ground that prevention is better than cure, let prevention stand first in his thoughts. If any one remained content to treat the sick and to be concerned merely with the symptoms of disease, and the medicines that would, as it was fancied, cure the sick, he quickly fell into the position of an empiric, and found it difficult to hold a place in the pale of the legitimate followers of Æsculapius. "Give me the management of the food, the fire, and the window of the room of a sick man," said one of the legitimate representatives of this philosophy, and though all the empirics of the commonwealth, with all their nostrums, be called to treat that sick man, I will govern everything they do that is not actually mischievous." Thus the science of medicine, which in its true and honest position is always in the front rank of advancement, was now somewhat changed. The doctors continued to keep a correct history of diseases, of the course of diseases, and of the causes of diseases, but they added an equal knowledge of prevention, particular and general, and valued that knowledge most.

As in this way they became more and more imbued with philosophical principles, they instituted a grand inquiry, which was called by some the great instauration of medicine. Dismissing all special modes of cure by particular systems or assumed specifics, they determined to know once and forever what diseases would and what diseases would not get well without the aid of medicines of any kind, the general conditions for recovery being rendered as perfect as was possible. They agreed, in common, to test this method for a month; this being found satisfactory, they extended the trial for three months, for a year, and

finally for five years. They then compared the results of those years with the results of the same number of previous years. The revelation was astounding, and practically reduced the system of treating disease by drugs to such a minimum, that the drug trade ceased virtually to exist. The prescribers and sellers even of infinitesimals were themselves forced at last to give up their case, and to admit that their eyes had been made the fools of their other senses.

This discovery of the triumph of preventive art did not satisfy altogether. It left on record the fact that nature never goes out of her path to cure, and that what has been called the *vis medicatrix naturæ*, was as much a myth as any other of the past myths of physic. It left on record, also, that under the happiest apparent external conditions some diseases will run their fatal course as decidedly without medicines as with them.

The diseases which so progressed were, in turn, discovered to be diseases of what we call constitutional type, depending upon heredity. They were four in number: scrofula with its attendant, pulmonary consumption; cancer; specific disease; and insanity. The majority of the physicians, seeing the results I have named, began at once to teach that, as these diseases were obviously diseases of descent, and were maintained by the intermarriages of persons subject to them, there was only one sure and certain mode of removing them, and that was a common-sense rule, that such intermarriages should not be tolerated. Gradually, as this true light dawned on the people, the advice was followed, with the effect, in an incredibly short space of time, of eliminating these last and most potent miseries of mankind. A few of the physicians, more enthusiastic than the rest, continued to follow out means of cure, and so to set heredity itself at defiance. Whether they would have succeeded remains an open question, for they lost their chance of testing their learning. One of them, it would seem, did advance so far as to declare he had discovered a true specific for the worst of the hereditary complaints; but when he was prepared to put his plan into practice, he failed to find, in his own country, the precise case on which to exercise his skill. His brethren thereupon, with much good feeling, provided him with the means to cross over to America to practice his method there. He went, and found abundant opportunities; but reaping, unfortunately, an unmitigated failure, he was soon content to come back to his own people and to admit that prevention is the natural secret of medical success.

By the eradication of the hereditary diseases, the Salutlanders added full ten more years to the expected value of life, with a near prospective of the full hundred years before them, while insanity was reduced to half its former degree in one generation.

The second of the final advancements had relation to food and feeding. The physiologists, dealing with the two questions of digestion and food for digestion, were led to the conclusion that a considerable shortening of life was induced by the excess of work which was put on the digestive organs. They bore in mind a fact I have already mentioned, that many persons die from the wearing out of one particular organ, the rest of the organs being still healthy. Of all organs, they agreed the stomach is most exposed to this danger. It is so much more worked in comparison with other organs, that it must be the first to die, unless the uses to which it is put be wisely directed. They found, on inquiry, that the truth was as they suspected it to be, and that the stomach was distressed both by quantity and quality of food. The result of the research led to quite a social revolution. Following a suggestion thrown out by Flourens, they decided, on anatomical grounds, that man was neither herbivorous nor carnivorous, but a frugivorous, or fruit-eating animal. Next they estimated the precise amount of food and of drink that was necessary to support the reserve and the active life in the varied stages of life. Again, they determined the reduction of food that is required when the reserve life is withdrawn, and when, the active life being left alone, it is the more requisite that no additional surplus of tissue or fluid, fat or water, should encumber the body, that no excess of force should be supplied to the digestive organs to the deprivation of other organs equally important, and that no over-taxation should be cast on the digestive organs themselves. Step by step, they were led hereupon to the introduction of an entire change of food and feeding. Animals were given up as sources of sustenance; fruits became greatly in demand; the bread tree competed with wheat grain; the banana and the grape were called largely into use; the juices of fruits almost entirely superseded water as beverages, while chemistry, coming in always to the assistance of man, easily transmuted many vegetable substances into the most perfectly digestible foods for every variety of age and constitution. Of purely animal substances, milk only, and the products of it, butter and cheese, retained full sway. Of the vegetable kingdom not frugivorous, cereals, pulses, tomatoes, potatoes,

and other fresh vegetables, with the edible fungi, retained their useful place; and in respect to quantity of food and drink, not more than half by weight began to be consumed compared with what had been consumed before. The change thus commenced soon became universal. It modified not in the least the spirit of hospitality, while it refined it immeasurably. To banquet for the sake of mere sensual gratification became an obsolete vulgarity; to eat till the sense of oppression from food was the accepted index of enough, and nothing less, was soon considered worse than vulgar; while the value of abstention to the body at large, by the saving of digestive power and of stomach cell life, added another period to the general life that had already been acquired. * * * * * * *

COMMUNICATIONS.

CASE OF FRACTURE OF THE HEAD OF THE HUMERUS, AND DISLOCATION OF SAME INTO THE AXILLA, WITH COMPOUND COMMINUTED FRACTURE OF THE ELBOW JOINT.

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Of Erie, Pa.

On April 5th, 1879, Thomas Normington, aged seventy-five years, while in the act of riding in a double wagon, and hanging on to the shafts of a sleigh that he was pulling along behind with him, was, by a sudden start of the horses, in turning a corner, jerked out of the wagon, striking on the frozen ground, upon his right shoulder and elbow; he was at once picked up and brought to my office. I was absent at the time of his arrival, but a messenger was dispatched for me, and within half an hour after the accident I was in the presence of the patient, whose general appearance showed plainly that he had received a very severe injury. After administering to him proper remedies to overcome the shock that the injury naturally produced, I proceeded to make an examination of the case. I found a very severe compound comminuted fracture of the elbow joint; in fact, it was literally smashed. I also found what I at first supposed to be a simple dislocation of the head of the humerus into the axilla, but upon a more thorough examination of the case, I found, to my surprise, that the head of the bone was not only dislocated, but fractured also, and that the ends of the fractured bone were at least two inches apart. I at once called a carriage and had the unfortunate old gentlemen conveyed to his home, which I found to be a very simple, unpretentious one indeed, consisting of one small room, eight by ten, the furniture a poor, dilapidated bed and an old worn out stove, his only companions being a wife so deaf that a clap of thunder could not arouse her, and a few chickens, one of which was, at the time of our arrival, occupying a portion of the bed as a nest. I got my patient on to the bed, and procuring a pillow, placed the injured arm upon it, applied proper lotions, gave him an opiate hypodermically, and left for home.

As this was a new kind of case to me, and not having seen much in the books in regard to dislocation and fracture of the head of the humerus at the same time, I concluded to call in assistance. Accordingly, the next morning I requested my friend, Dr. C. Brandes, of this city, to see my patient with me, which he very kindly did. After examining the case thoroughly, we both agreed as to the nature and extent of the injury, and that, taking all things together—the age of the patient, the extent and severity of the injury, and the impossibility of reducing the dislocated bone—the chances were against our patient recovering, and decided to keep the arm on the pillow, semi-flexed at the elbow, expecting, of course, if he recovered at all, it would be with an anchylosed elbow joint, and an arm that would be nearly or entirely useless. But it seems, as the sequel will show in this case that we do not always know how much the "*vis medicatrix naturæ*" may accomplish, even in a case where the patient has reached his threescore years and ten. I visited the case every day; on the fifth day after the accident occurred the inflammation and swelling were fearful, ecchymosis appearing from the shoulder down to the hand, and the limb really, at this time, had more the appearance of general gangrene, than anything else; there was a great tendency for the broken end of the humerus to slough through the muscles near the shoulder joint, which I only prevented by keeping the limb well elevated on the pillow. I kept my patient under the effects of morphia, which I administered hypodermically, applied soothing and cooling applications to the limb, and let it go along.

After about twenty days the inflammation and swelling began to subside, and the general appearance of the arm looked better, and in eight weeks from the date of the injury I supported the limb in a light dressing, and put it in a sling, and let the old man get up and go about the house. In a few days he went out doors, and soon came to my office. I then gave him direc-

tions to commence motion with it, all he could bear, and from that time until the present the case has gradually improved; and what is more singular than anything else is, that the elbow joint is nearly as good as ever; supination and pronation are good, and in time I think the joint will be nearly perfect. Of course, the greatest difficulty is at the shoulder joint; the head of the humerus lying in the axilla, and the other broken extremity pressing on the muscles of the upper portion of the arm, keeps up more or less irritation; but the patient informs me that it is improving all the time, and that he can lift almost as much with that arm as he can with the other, and that he is able to split wood and do almost any kind of light work.

I find Mr. Normington to be quite an intelligent old gentleman, well preserved; he informs me that he was born in England, was in the British army thirteen years, has always had good health, and thinks he will be able to take care of horses again, which he has always done a good deal, and is extremely fond of.

My reasons for reporting this case are, that I think it is a case that rarely occurs, and as far as I remember very little is said about it in the books; also the extent and severity of the injury, the extreme age of the patient, and the unexpected favorable result of the case.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. WM. PEPPER.

Reported for the Medical and Surgical Reporter, by Wm. N. Morrison, M.D.

Aneurism of the Descending Arch of the Aorta.

I had intended to bring before you, last Wednesday, a colored man in whom I had diagnosed aneurism of the descending part of the aorta, but the man died from hemorrhage before that time. I have here the heart and a portion of the aorta, and we will be able to determine as to the accuracy of the diagnosis.

I will give you the history of the patient. He was a colored man, 37 years old. He had never been very strong, and had never been able to work very hard. Ten years ago had syphilis, and had it again two years ago. He had had ulcerated sore throat, osteocopic pains, etc. He had been in the hospital several times.

On questioning him I found that he had pain in his chest, which began about three years ago. He had pain running around the base of the chest. The pain was most marked near the angle of the scapula, about opposite the fourth, fifth, or sixth dorsal vertebræ. The pain was more marked on the left side. He had pain which ran down the arm, but this was not the pain of true angina. He was troubled with a little palpitation and slight cough. He had slight hemorrhages, the first of which occurred on the 26th of August. He was then admitted to the hospital. Another hemorrhage occurred before I saw him. At the time I saw him he was expectorating a tenacious mucus, specked with little, hard, black clots of blood. On coming to examine his chest carefully, I found it well developed. The expansion on the right side was not as good as that on the left. There was no dullness on percussion on either side of the chest, front or back. On auscultation the respiratory murmur on the right side was much weaker than on the left. There was no bronchial breathing and no râles. We then arrive at the conclusion of phthisis, which would be suggested by the hæmoptysis, cough, breaking down of the health, and pain in the chest, but the physical signs showed that while there was some impediment to the expansion of the right lung, yet we could find no deposit, nor any organic disease of the lung at all. When we examined the place where the pain was most marked, we found it tender to the touch, but there was no prominence, and although I auscultated it with extreme care, I could hear nothing at all abnormal. Having excluded the idea of tubercular phthisis of the right lung, it seemed to me that the only explanation for this impaired expansion and weak respiration in the right lung was that there was some cause of pressure upon the right bronchus. It might be a solid mass, or, more probably, an aneurism of the aorta. He was able to swallow solid food, but he said that there had been difficulty in swallowing, which had passed away. There was no interference with the voice. There was, therefore, no pressure upon the œsophagus or the recurrent laryngeal nerves. When I examined the pulse in both radial arteries, I found on one side strong pulsation and on the other there was none, but further examination showed this to be due to the radial artery taking an unusual course, and passing around the styloid process of the radius to reach the back of the wrist. When I found the pulse it was exactly like the pulse on the other side. The heart was not enlarged materially, and was in its natural position. There was no valvular murmur to be heard; but over the junction of the upper and middle portion of the sternum, when the patient leaned forward, I could feel a very slight, diffused, heaving impulse. By placing my hand over the heart, I could tell that the impulse was not transmitted from the heart. When I placed the stethoscope over this point I could hear a distant bruit. This man's pain caused him to prefer a situation sitting up and leaning forward, and when he slept he slept lying upon his face. This was very significant of some mass in the chest pressing backward. We had, therefore, evidence of pressure upon the right bronchus, evidence of hemorrhage into the air passage, occurring with slight pulsation and distant bruit, not transmitted upward, and I felt pretty sure that we would fine a small aneurism of the descending aorta lying over the vertebræ, and pressing upon the right bronchus. The aneurism was on the point of rupturing when I made this diagnosis, and the man soon after died, from hemorrhage from the mouth. We will now turn to the

specimen and examine it. The heart is not at all enlarged; following the aorta we find no disease in the innominate, left common carotid, or left subclavian. We now come to the point where the aorta turns downward and backward, to apply itself to the left side of the vertebral column, and there we find an aneurism, about three inches in diameter. This was firmly attached to the bodies of the third and fourth dorsal vertebræ, which were eroded at that point. It pressed strongly upon the right bronchial tube. The aneurism opened by tearing through the tissue of the upper lobe of the left lung. This aneurism was situated in such a position as made it most difficult to detect. We could get no prominence behind, no dullness on percussion, no pulsation, and no murmur, because the aneurism was so deeply situated, with the vertebræ and muscles intervening. At the same time, it was so deeply situated in front that it produced no signs there, except a very faint impulse when the man leaned forward, and a very distant murmur, only heard when the attention was strongly fixed.

Usually, aneurism in this situation reveals itself by pressing upon important structures. It does not press upon the laryngeal nerves, because they are too far front. We usually have pressure upon the œsophagus, pressure upon the bronchial tubes, with extreme dyspnœa, with feeble expansion and weak respiratory murmur. Only the last two were present in this case. If we meet with a case where, without any sign of organic disease of the lungs, we have unilateral impairment of expansion, and respiratory murmur associated with prolonged expiration, and in which stridor is also present, there is reason to suspect pressure upon the corresponding bronchus; and then an examination of the circulatory system will usually show whether the tumor is an aneurism or not. In this case the aortic and mitral valves are perfectly healthy.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

REPORTED BY G. F. SOUWERS, M.D.

Phosphornecrosis.

I present a case of the rather rare form of bone disease, called phosphornecrosis, or "the phosphorus disease." It is peculiar to individuals who have been long exposed to the fumes of phosphorus, and was unknown before friction matches became the subject of extensive manufacture. In these factories, only those who are exposed to the reeking fumes of the fused phosphorus are liable to suffer, and it is only after a number of years of such exposure that those engaged in the process of *dipping*, as it is called, begin to present the peculiar manifestations of the disease. Of late years the affection has, happily, become less frequent, on account of the care with which arrangements are made in the factories for carying away the poisonous fumes. The disease would seem to require a constitutional susceptibility, as but comparatively few of those exposed become affected. Many persons continue at the occupation through a working lifetime, with entire immunity; with others there seems to be a peculiar diathesis or tendency to the affection created, which only awaits some local irritating influences, as ordinary caries of a tooth, to awaken a periostitis, which is sure to go on to the death of the subjacent bone. So generally is the phosphorus disease associated, in its incipiency, with one or more carious teeth, that some of the best authorities believe in the local trouble being entirely due to absorption through an exposed tooth-pulp. I have had good opportunities of observing many cases of phosphornecrosis from the match factories of this city and of Wilmington, Delaware, from the early manifestations of the disease to the entire necrosis of the lower and of the upper jaw, and am convinced that the accident of a carious tooth stands in relation to it as but an excitant of periosteal inflammation, which, under systemic influences, goes on to the death of the bone.

Persons who are exposed to the vapor of phosphorus should at once discontinue their occupation when the teeth become tender, with a sense of elongation on coming together, and when pressure on the gums becomes painful. The progress of the disease is slow and insidious, but it so surely goes on to necrosis of more or less of the maxillary bones, that very decided treatment at the onset is essential, and I know of no way of checking its destructive course, but by free and deep incisions into the periosteum of the alveolar portions of the bones affected. I would advise that, in the incipiency of the disease, the carious teeth should be removed, and that thorough periosteal incisions be made, the patient being kept on a full, nutritious and stimulating diet, and taking full doses of the tincture of the chloride of iron and of the sulphate of quinine.

The lower jaw is more frequently affected than the upper, and it is a curious characteristic of the disease, that the periosteum of the lower jaw throws out an ossifying callus, which sometimes forms quite a compensatory bone, that preserves the form of the lower part of the face. In this manner, almost the entire lower jaw may be encased as a sequestrum, and has been bodily removed by operation. Such ossific replacement does not occur in phosphorus disease of the upper jaw.

This man has worked many years in a match factory, and had once suffered from necrosis of the upper jaw on one side, with some loss of structure, but now the malar or cheek bone is affected, and this is the first instance I have seen of phosphornecrosis of that bone.

You will observe that there are two sinuses in the cheek, leading to the malar bone, from which there exudes a poorly organized pus; on passing a probe into these openings I find them to be the mouths of sinuses leading down to the necrosed malar bone; further, that the probe may be passed in at one and out at the other opening. This man, for some weeks, has been placed on the use of tonics and good nourishment, and is in much better condition than when he first presented himself. There is at this stage of the affection but one method of treatment to be pursued, and that is the removal of the whole of the necrosed bone. For this purpose I shall require a knife, bone chisels, gouges, etc. Before commencing the operation I plug the external

auditory meatus with cotton, so that the blood shall not find its way into this passage, and there clotting annoy the patient. I now make an incision, trap-door in form, and connecting the two sinuses, and I am ready for the next step, which is the application of gouges, forceps, etc., for the removal of the diseased bone; on applying these instruments I am enabled to remove all of the malar bone, including the orbital plate. All fragments of bone, debris, etc., are now removed, the bleeding vessels ligated, the edges of the wound approximated, and the carbolized oil dressing applied.

EDITORIAL DEPARTMENT.

PERISCOPE.

Value of Hyoscyamine in Mental Affections.

Dr. E. Prideaux, in the *Lancet*, recommends this drug, in doses of $\frac{1}{16}$ of a grain thrice daily. He says—

In cases of senile dementia, in the paroxysms of excitement which occur, hyoscyamine exercises a marked benefit, subduing the excitement very quickly; but as the subjects of this disease are nearly always very infirm and feeble, and their arteries almost always in a condition of atheroma and degeneration, it is only in some cases that it is admissible, and any drug tending to produce cerebral hyperæmia should be given with the greatest caution.

In the excitement occurring in the earlier stages of general paralysis it is stated by Dr. Lawson to be also of great service, but I have not had a favorable opportunity of testing it.

In melancholia it produces little effect, and cannot be said to be of any service.

In conclusion, as a summary of the results of the use of hyoscyamine in a considerable number of cases in this hospital, and from the cases reported by others, in regard to its advantages and disadvantages in the treatment of the various diseases of insanity, it appears—

1. That in most cases of mania, or where there exists great excitement of an aggressive and destructive character, or rapidity of movement and speech, the use of the drug is the most effectual and rapid means of exercising that form of restraint which has been termed "chemical restraint."

2. That in cases of acute mania it will produce sleep and quietude when all other drugs have failed, and is one of the most rapid and reliable narcotics we possess.

3. That in the treatment of the epileptic status in epileptic mania it diminishes the number, frequency, and severity of the attacks, especially if its administration be extended over some time.

4. That in delusional insanity, especially the mania of suspicion and other forms of mania where the delusions are varying and changeable, it has a decided action in producing such an altered condition of the cerebral status that a condition which has been termed "physiological mania" results, and this so eclipses the former delusions and hallucinations that they are forgotten and the mind becomes clear; while, if the subjection to the influence of the drug be continued, it ultimately leads, under favorable circumstances, to a permanent condition of quiescence and restoration to a healthy state of mind.

5. That in chronic dementia, associated with destructive tendencies, bad habits, and sleeplessness, the condition of the patient much improves after a continued course of small doses of the drug.

The advantages that have occurred in its use, and which have to be guarded against, are: The dryness of the tongue and pharynx that occurs, especially after a prolonged administration. This has been thought to contra-indicate its use in cases of artificial feeding, but provided the tube be dipped into an oily liquid before passing, I have not found it any inconvenience. The attacks of vomiting that have occurred in some cases, after an administration of some weeks, necessarily lead to a discontinuance of the drug. Vomiting occasionally occurs after one dose, even a small one, and in two cases mentioned by Dr. Lawson hæmatemesis took place. When rapid and sudden action of the drug is feared in feeble cases, it is better to administer it with the food.

Salicylic Acid in the Treatment of Diabetes.

Dr. Schaetzke publishes, in the *Berliner Klin. Wochenschrift* for June 2d, 1879, the history of three cases of diabetes successfully treated by salicylic acid. The first case was that of a lady aged 50, who had for eighteen months been under treatment for chronic gastric catarrh. Her father, sister and husband had died of tuberculosis. When she was seen by the author, he at once suspected diabetes, from the excessive thirst, polyuria, caries of the teeth, etc. The urine was examined, and found to contain sugar; the specific gravity was 1.038. The patient was treated with salicylic acid, 3 grams (45½ grains) being ordered to be taken three times daily, for three days. On the first day, however, she felt giddy and had nausea. On the second day she vomited once; her hearing was affected, and her gait became unsteady. The dose was, therefore, reduced from nine grams daily to three grams. Owing to her intolerance of salicylic acid, Herr Schaetzke sent her to Carlsbad. Upon her arrival there the urine was found to be perfectly free from sugar, and remained thus both during her cure and afterward. The second case was that of a man aged 58, who probably had been suffering from diabetes for the last two years. The urine contained a considerable percentage of sugar. As the patient could not be

prevailed upon to go to Carlsbad, he drank the waters at home, but without much benefit. Herr Schaetzke then again resolved to try the salicylic acid treatment, beginning, as in the first case, with three grams three times a day. The patient also evinced great intolerance of the drug. It was, however, continued for two weeks, in doses of three grams daily during the first week and two grams during the second week, when the sugar disappeared from the urine and did not reappear. The other case was that of a girl, aged 26, who had been suffering from colic for years. She was treated in the same way as the other two patients, but was obliged to discontinue the treatment after the first four days, owing to her intolerance of the drug. A week later another attempt was made with a dose of two grams daily; this was continued for a fortnight, when the urine remained free from sugar. It is curious that in every one of these cases the patient should have been so intolerant of the salicylic acid. Could this phenomenon be in any way connected with their disease? and, if so, in what way? A series of three cases can hardly be regarded as sufficient for establishing the reputation of salicylic acid as a cure for diabetes; but the subject is worthy of being more thoroughly investigated.

Purgatives in the Early Stages of Typhoid.

On this disputed subject in treatment, Dr. E. M. Boddy writes to the *Medical Press and Circular*, October 8th—

In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhœa had commenced, owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry, furred tongue, loss of appetite and nausea, bowels constipated and irregular, and the urine loaded with phosphates; and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently, the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to, the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see that the symptoms point to bowel complication, and we shall find further on that they increase in intensity, owing to the fact that the administration of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhœa commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation, which is communicated to the finger.

A Case of Amenorrhœa.

The *Medical Press and Circular* gives the following case from the clinic of Dr. Lyster, of Liverpool:—

C. Q., aged 22, came under notice suffering from great pain over the left eye and temple, loss of appetite and debility.

History.—The catamenia commenced at the age of 13, and were regular till twelve months ago, when they ceased. Every kind of medical treatment was tried, without avail, while the patient was suffering great pain, and becoming thin and anæmic.

On examination per vaginam, the cervix uteri was found thickened, elongated, and very tender to the touch, and from the os uteri was hanging a thick, gelatinous secretion. As a primary measure the cervix was punctured and relieved of a few ounces of blood, and a glycerine pad placed against the os uteri. Relief was obtained, but the pain and discomfort returning, it was thought advisable to dilate the cervix with sea-tangle, and cauterize the interior of the uterus with carbolic acid. Glycerine pads applied to the uterus till the sloughs separated. The pains ceased, the appetite returned, and the patient was discharged from the hospital; but the catamenia not returning, the patient again applied for admission. A galvanic pessary was introduced, which brought on the catamenia in a week; menstruation was again deficient, but the introduction of the galvanic pessary was again sufficient to produce them, and since then the patient has been in good health and menstruates freely.

Salicylic Acid in Infantile Eczema.

Dr. T. Von Genser, of the Foundling Hospital, Vienna, is quoted as follows, in the *American Journal of Obstetrics*:—

The most common skin disease in children is moist and oozing eczema, which appears chiefly on the face and head. Without discussing the question whether it is a local or a constitutional disease, but simply stating that we in Vienna consider Hebra's opinions as the direct guide for treatment. I may say at once that the local means used are by far the most important, if not in all cases the only ones. The great number of local remedies which have been proposed serve only to show that none of them succeed in all cases. Salicylic acid has, perhaps, latest come upon the scene, and has now been used in this institution for two years.

The results of our observations may be shortly stated: Treatment with ointment of salicylic acid is eminently successful in cases of *moist* eczema.

The diseased regions treated by it quickly dry up; the skin, at first deeply reddened, repeatedly scales off, and becomes thereby paler and paler, until it is restored *ad integrum*. We have never seen evil results. Immediately after its application the salve causes more or less burning, and the children cry a little, but this soon ceases. Of course, we must not expect too much from the salve. It does not prevent the formation of new vesicles on the periphery, that is, the extension of the eczema. Some cases are extremely obstinate in yielding to it; can, however, be perfectly cured by it without internal remedies.

The ointment is of less value in the dry, scaly form of eczema (squamosa), which so often occurs in children's faces. Here we have to fall back on the tar.

In intertrigo the ointment has given good results.

We have also used it in cases of dermatitis exfoliativa. In his monograph on this disease, Prof. Ritter states that sometimes the denuded corium is moist and oozing, and sometimes dry. It is in the first form that the salicylic salve has proved of great benefit.

Diseases of the Eustachian Tube.

These diseases are, perhaps, not sufficiently considered. Dr. George P. Field, in the *Medical Press and Circular*, points out that the Eustachian tube forms a connecting link, both anatomically and pathologically, between the throat and tympanum. Its diseases are chiefly limited to its mucous membrane, which may suffer from acute or chronic catarrh, the result of which may be an exudation of glairy, inspissated, or purulent mucus. It may undergo thickenings or contractions throughout its whole length, or at various parts. The causes of its most intense inflammation are certain fevers, namely, scarlatina, variola and diphtheria; less severe acute or subacute inflammations result from catarrh, arising from cold, gouty catarrh, catarrh from irritation of the alimentary canal, or from local hyperæmia, the results of smoking, and perhaps of alcoholic excess. The ulcerations of the Eustachian tube are interesting; they are chiefly such as affect the throat; namely, syphilitic, tubercular, follicular, diphtheritic, and variolous; these are nearly all confined to the region of its mouth in the pharynx; nearer the tympanum ulcerations are chiefly secondary to caries of the temporal bone or epithelial cancer. Polypi have sometimes been met with in the tube.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Lunacy Asylum reform is occupying the attention of Dr. E. C. Seguin in the *Archives of Medicine*. A reprint of his trenchant article has appeared. There is plenty of occasion for his strictures, and he will receive the thanks of unbiased men for his efforts.

——Lindsay & Blakiston's Physician's Visiting List, for 1880, has appeared, and will no doubt be welcomed by many who have become accustomed to its arrangement. The publishers steadily maintain its grade of excellent manufacture.

——"The Extirpation of the Ovaries for some of the Disorders of Menstrual Life," is the title of a paper by Dr. William Goodell, extracted from the *Transactions* of the Pennsylvania State Medical Society. It is characterized by his usual clear statement and felicitous illustration.

——An article read before the Massachusetts State Medical Society, by Dr. John H. Gilman, of Lowell, gives the history, pathology and treatment of the disease. It contains nothing new, except, perhaps, some directions for the treatment of the disease by carbolic acid.

——Of the "Health Primers" republished by D. Appleton & Co., New York City, the latest is "The Skin and its Troubles." It begins with chapters on the structure and function of the skin, gives the practical applications of these facts, treats of the effects of poisonous clothing and irritating applications, and closes with a chapter on the hair and its management. It is a very useful manual.

——Dr. C. Henri Leonard, of Detroit, has prepared a third edition of his "Reference and Dose Book." It contains the doses of all the officinal, and of nearly all the non-officinal drugs and preparations of any currency, and a number of brief memoranda, as poisons and antidotes, tests of urine, pronunciation, rules for writing prescriptions, etc. The paper and print are not quite up to the mark; in other respects the little book is very satisfactory.

——In very handsome form, with red rules, and neatly bound in cloth, the Kentucky State Medical Society publish the memorial oration in honor of Dr. Ephraim McDowell," "the father of ovariotomy," by Professor S. D. Gross. It was delivered at Danville, Ky., May 14th, 1879, and is a worthy tribute to one of the leaders of American surgery in a past generation. It contains a handsome steel engraving of Dr. McDowell. For sale by John P. Morton & Co., Louisville.

——The fifth of the "American Health Primers," edited by Dr. W. W. Keen, is "The Throat and the Voice," by Dr. J. Solis Cohen. It will be among the most popular of the series, both on account of the straightforward, unaffected style of the author, and also on account of the interest which so many feel in the culture and preservation of the voice, and in the

class of diseases (croup, diphtheria, sore throat, catarrh, etc.) which is here treated of from a sanitary point of view (Lindsay & Blakiston. Price 50 cents).

——"Consumption, and how to Prevent it," is the promising title of a little book of eighty-nine pages, 12mo, by Dr. Thomas J. Mays (New York, G. P. Putnam's Sons, 1879). His conclusions are, that consumption is "a premature dissipation of the force and matter of the body;" and that its prevention is to be attained "by preserving the organs of digestion, by eating an abundance of nutritious food, by breathing pure air, by living on dry soil, by wearing warm and comfortable clothing, by taking plenty of physical exercise, and by avoiding disease and injurious occupations." True enough, but how many consumptives are in a position to take these measures?

——In a reprint, Dr. J. M. Keller, of Hot Springs, Ark., gives us some facts about this over lauded health resort. Of its use in syphilis, he says—

"The daily assertions and many circular statements that syphilis, under any plan of treatment here, can be cured in four or six weeks, are all false, and have done much to ruin the reputation which the Springs actually deserve. It is useless for any one to come here under any such assurances, expecting to be cured. They will surely be disappointed."

Ten weeks, at least, are required for a cure at all permanent. Chronic rheumatism and neuralgia seem the complaints most certainly benefited.

BOOK NOTICES.

Hygienic and Medical Reports by Medical Officers of the U. S. Navy. Prepared for publication, under the direction of the Surgeon General of the Navy, by Joseph B. Parker, A.M., M.D., Surgeon U. S. N., etc. Washington, 1879.

This bulky volume of 1079 pages presents an amount of information, medical, sanitary, climatological and sociological, to which no sort of justice can be done in the limited space of this notice. It is divided into two parts, the first being a collection of reports of medical officers at different stations; the second a number of papers on special subjects by various members of the naval medical staff. Several are on yellow fever, by Surgeons Woolverton, Tryon, Ayers and Perry, and Medical Inspectors Wilson and Mays. A very thorough paper on leprosy, especially as it appears in the Sandwich Islands, is contributed by Surgeon George W. Woods. Sound views as to the relations of air and moisture to health on shipboard, are in a paper by Medical Inspector Thomas J. Turner. Other topics are: Turkish Hospitals, by Dr. J. C. Wise; Madeira as a Sanitarium, by Dr. A. M. Moore; Vaccination in Japan, by Dr. A. F. Price; Life Saving at Sea, by Dr. C. J. Cleborne; The Navigation of the Amazon Hygienically Considered, by Dr. M. L. Ruth; Medical Topography of the International Exhibition, in 1876, by Dr. Joseph Wilson; on Plague, by Dr. J. C. Wise; a Case of Popliteal Aneurism, by Dr. F. M. Dearborne; a Case of Chorea successfully treated by Cannabis Indica, by Dr. C. A. Siegfried; and others. Quite a number of maps, plans, diagrams, and illustrations are inserted in the work, and its appearance and contents are highly creditable to the members of the naval service.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. By Alfred Stillé, M.D., LL.D., and John M. Maisch, PHAR.D., etc. Second edition, with numerous additions. Philadelphia, Henry C. Lea, 1879. pp. 1680.

The prompt appearance of the second edition of this work indicates the favor with which it was received by the pharmaceutical and medical public. The principal changes are stated to be the introduction of several drugs under separate headings, and of a large number of drugs, chemicals and pharmaceutical preparations, classified as allied drugs and preparations, under the heading of more important or better known articles. A number of illustrations have also been added, and the indexes enlarged.

The frequent use we have made of this Dispensatory, since its first appearance, has impressed us favorably with its arrangement, which is more convenient than that of the U. S. Dispensatory; with its clinical and pharmaceutical accuracy; and with the general precision of its statements. On the other hand, we have not found it, as a work of reference, so complete and satisfactory as the U. S.; and Dr. Stillé, in his therapeutical articles, is too positive and conservative for our taste. He does not give references with sufficient fullness, and he is guided too much by his own experience, and too little by the general opinion, the *consensus*, of other medical writers. While he errs on the safe side, it seems unnecessary to err at all; there are many questions still open which he speaks of as if they were forever decided.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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VARIOUS METHODS IN THERAPEUTICS.

It is interesting to watch the tendencies of therapeutics, and observe how from time to time one method acquires popularity and another loses it, almost unconsciously to the professional mind.

Twenty-five years ago, about, the *empirical* method was in the ascendant. Empirical is a bad name, and a method in medicine is like a dog, give it a bad name and it will kill it. Yet it is, in its true and proper sense, the correct word to apply to that method which had three most eminent advocates in three great countries, TROUSSEAU in France, NIEMEYER in Germany, STILLÉ in the United States. These influential teachers all agreed that we must learn the properties of drugs as modifiers of diseased processes by observation at the bedside, by close study and careful generalization of their results when administered to the sick, and that this method takes precedence of, though it does not exclude, the results obtained from pathology and physiology.

This is an ancient, in fact, the most ancient, plan pursued in learning the power of medicaments; and it is safe to say that four-fifths of the drugs which we know to be efficient in disease were discovered and their uses defined by following it.

Nevertheless, it was in large measure displaced by the *physiological* method. This placed in the first line the observation of medicines, not in disease, but in health, and less in man, where there are many difficulties presented, than in the lower animals. The assumption was that as the drug acted in a dog in health, so it would in a man in sickness; and this again was backed by a second assumption, that a given diseased condition requires for its alleviation the artificial production of a special physiological process. These two wide and awkward gaps in the reasoning did not prevent the physiological school from having many admirers, and from claiming that it alone was worthy to be called the "scientific" method of therapeutics. It has made a few valuable additions to the materia medica, but whether they were not mere "lucky hits" rather than anything better, is another question. It certainly is chargeable with inculcating the false notion that the patient study of disease can in a measure be supplanted by experiments in the laboratory.

The third method is the *etiological*. Bacon said: *vere scire est per causas scire*; and the advocates of this method say: *Bene agere est per causas agere*. They seek to divide and subdivide the forms of a given diseased condition with reference to its antecedents, and to direct their remedies in each case separately, as the causative indication calls for. No doubt, in many instances, this is an admirable plan; but it is extremely liable to abuse. There are a vast number of antecedents to a diseased state, and it is impossible to determine which bears a causative relation. Take typhoid fever; the reigning notion is that it is a zymotic disease; hence the etiologist will administer antiseptics; or it may be dependent on glandular disorder, as RICHARDSON teaches; then antiseptics are out of place. Symptoms of dysentery may arise from a variety of antecedents, malarial, epidemic

sympathetic, local, etc.; it is often impossible to tell which; hence the treatment goes wide of the mark, and probably in the long run loses more cases than the old fashioned routine plan, based on general experience. It is limited in its applications to where the cause is strictly defined, and even then this may be of such a nature that the proper drug is not clearly recognizable.

We pass now to a method which has come into favor mainly of very recent years. It is the *symptomatic* method. By this we do not mean the treatment of individual symptoms as they arise, but the division of a disease into a number of forms, each characterized by a group of associated symptoms, and then applying to each of these forms a separate remedial agent or combination. This is what the American Eclectic School of Practitioners call "specific medication." Their alleged specifics are not against a given disease, as is sometimes thought, but against an association of symptoms in a disease, or, if the expression is more correct, against a particular aspect of a disease. This is the teaching of SCUDDER and KING; and it has been boldly and largely introduced into the regular profession by RINGER and PHILLIPS, less so by BARTHOLOW, in their respective works on materia medica. Thus PHILLIPS writes: "Leucorrhœal discharges, attended by pain in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement of the nervous system, are quickly removed by a steady course of pulsatilla, in five-drop doses, three times a day." Again, "In chronic coryza, where the Schneiderian membrane is of a deeper red than is natural, and when its surface is more or less studded with minute ulcerated patches, with a profuse mucous discharge, varying in color and consistence, from thin, clear and starchy, to thick, greenish and yellow, five drops of tincture of hydrastis three times a day, will quickly set up a healthy action," etc. There is an air of accuracy and painstaking observation about all this, as well as a definiteness, of promise, which is very attractive —and we are inclined to believe, hardly less fallacious. It is too much like reading the *Codex Symptomen* of our Hahnemannian brethren; and the wholesale importation of their crude method of procedure would be a step backward. However, it promises to be the vogue for the present.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF DIPHTHERIA.

Dr. H. McCoy, of Wheeling, reports good success with his treatment of this disease (St. Louis *Medical and Surgical Journal*, October). It is as follows:—

℞. Liquoris ferri subsulphatis,
Glycerinæ, āā partes æquales. M.

SIG.—Mop the throat thoroughly with this, and apply externally a thin slice of fat pork.

℞. Acidi sulphurosi, f. ʒ vj
Syrupi simplicis, f. ʒ ij. M.

SIG.—Give a teaspoonful every hour or two.

In a malignant epidemic he treated thus 36 cases without the loss of one.

ARSENIC IN CONSUMPTION.

In the *Medical Press and Circular*, October 1879, Dr. William A. Pearse says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession:—

℞. Liq. arsen. hydrochlor., ♏lxiv
Quiniæ sulph., gr. viij
Acid. hydrochlor dil., ♏ iij
Syrup. aurant., ʒ j
Infus. chirettæ, ad ʒ viij.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.

CHLORAL LOCALLY IN THROAT AFFECTIONS.

℞. Chloral hydratis, ʒ j
Glycerinæ, ʒ j. M.

SIG.—Apply locally, with a camel's hair brush.

The above is recommended in sore throat, tonsillitis, diphtheria, etc., by Dr. J. E. Chitwood.

Cheilo-Angioscopy.

By this arrangement of letters is meant the observation of the capillary circulation. Dr. Hüter, of Greifswald, has succeeded in effecting it in the human subject. His apparatus consists of a small fixed platform, which is brought conveniently near to the head of the patient, a

spring clip serving to hold the head in a fixed position. The under lip is then drawn out and forward, and secured on the little platform by means of a padded spring holdfast. A brilliant light being thrown on the upturned mucous surface, the delicate capillary network is evident, even to the naked eye. However, a microscope of low power can be easily adjusted for more accurate examination, and by its aid the most valuable information is obtained concerning the condition of the blood, the relative proportion of red and white corpuscles, rapidity of flow, etc. By slight pressure on the lip it is possible to produce all the phenomena of stasis, and the epithelial cells of the mucous lining of the mouth can be perfectly seen. We can readily agree with the inventor of the cheilo-angioscopic apparatus, that its extensive employment will immensely assist the medical practitioner in attaining a speedy and accurate acquaintance with the most important data to guide him in forming his estimate of a patient's state.

The Immediate as Distinguished from the Permanent Treatment of Disease.

Dr. J. Milner Fothergill recently read an instructive paper on this subject, before the Harveian Society of London. He pointed how in many cases the treatment which gives immediate relief is not that to be continued in the permanent interests of the patient. He instanced first the free use of opium in the hacking cough of phthisis, and in chronic bronchitis, which gave immediate relief, but did harm eventually. Then, in the diarrhœa due to impacted masses in the rectum, astringent mixtures might give immediate relief, but they were not curative, while removal of the masses was. So, too, in neuralgia, the injection of morphia eased the pain for the time, but if continued, was more likely to confirm it than to cure it. Likewise in dyspepsia, of reflex origin; it was all very well to give the ordinary mixture to relieve it, but its cure depended upon the removal of the exciting cause. In gout, too, the application of cold, or of leeches, gives instant relief; but he quoted Garrod in illustration of the evil consequences which follow such treatment. But of all instances of the conflict between the present and the permanent treatment of disease, that furnished by endocarditis was, he said, the most striking. It was the rule to give tonics as soon as possible, and to get the patient up; but, he contended, the proper plan of treatment is to keep the patient flat in bed for some days after all evidence of active mischief has passed away. The growth of connective tissue in the valve curtains, which is lighted up by the inflammatory storm that passes over the endocardium, persists some time after the endocarditis itself is over; and it is the mutilation caused by the contraction of the neoplasm which we have chiefly to dread. Consequently, the true line of practice is to reduce the strain upon the inflamed valve curtains by complete rest, and the administration of agents which lower the blood-pressure within the heart and arteries. The more the connective tissue growth could be limited at the outset, the less the future mutilation of the valves. A few days in bed are nothing, compared to future valvular disease.

Dangers from Turpentine Vapor.

A Parisian correspondent of an English contemporary writes—

The danger of inhaling the vapor of turpentine has been long known, and its pernicious influence on the health is beyond all doubt, as has been verified in several cases occurring in persons sleeping in newly painted rooms, some of which have even proved fatal. Several theories, more or less plausible, have been propounded to explain the prejudicial effects of the inhalation of these vapors; but, whatever be the correct explanation, there is no doubt of the danger of occupying a room recently painted in which turpentine has been employed, before complete desiccation has taken place. It was pointed out by the Council of Hygiene, that a sudden death which recently took place in Paris was attributable to this cause, it being shown that it could not be ascribed to the lead which entered into the composition of the paint of the room in which the deceased slept; the lead, being fixed and non-volatile, cannot in these cases be accused of being the offending element.

Smallpox and Vaccination.

It is astonishing to see, in the New Orleans *Medical and Surgical Journal* for November, a long and leading article from Dr. M. Schuppert, opposing and condemning vaccination, on the same frivolous, partisan and utterly erroneous grounds which have been so often presented by anti-vaccination leagues, and so triumphantly refuted. Dr. Schuppert writes—

"Vaccination, as a protective measure against smallpox, has forfeited its claim to the confidence of every clear-sighted man. Whether it would be, therefore, in the general interest of mankind to abandon its practice totally, altogether, cannot

longer be doubted. The protecting qualities of vaccine are based on error which, under circumstances, may become even fatal."

Fortunately for this people, "the common sense of most," and the just verdict of scientific observation, remain in the ascendancy, and with what result? The answer comes in the National Board of Health *Bulletin*, November 8th, in these words—

"The mortality tables of the *Bulletin* have for many weeks presented the interesting fact that in more than one hundred of the largest cities of the United States, containing an aggregate population of over eight millions, not a death of a citizen from smallpox has been reported. This is one of the diseases that cannot escape detection and correct diagnosis when it proves fatal. The returns may, therefore, be regarded as entirely reliable in regard to this disease in all cities requiring burial permits. A reference to the tables of mortality in foreign cities, compiled from the weekly consular reports, which are now made with great care and accuracy, shows that smallpox is prevailing in various parts of the world, and in certain places with great severity."

Dr. Schuppert calls up the old bogy of vaccinal syphilis, ignoring the fact that bovine virus, now everywhere attainable, entirely does away with this slight risk. We are glad to find him relate that he was dismissed from the office of city Physician for exhibiting an erysipelatous arm as a result of vaccination; and we cannot but wonder at the kind of temperament he must possess to boast of this atrocious piece of deceit.

Correspondence.

Meeting of the Tri-States Medical Society.

Ed. Med. and Surg. Reporter:—

Your correspondent failed to put in an appearance here in time for the first day of the four that the Tri-State Society—Indiana, Illinois and Kentucky—remained in session, but fortunately got here in time to participate in the proceedings of the last three. The sessions were held in one of the finest halls your correspondent ever had occasion to speak in; a hall and room especially excellent in an acoustic sense. The usual preliminaries attended the opening of the Society's deliberations; Dr. Ireland's address came off the first evening, and was a very fine one indeed.

On the morning of the second day it became very evident that the press of material would be unusually great, and so the programme was modified. The various Sections—Surgery, Practice of Medicine, Obstetrics, Gynecology, State Medicine, etc.—sent in their reports, and the roster of papers was added to by volunteer contributions from distinguished visitors present who came from without the territory of the Society.

On this evening a public banquet, by which the physicians were brought in contact with the hospitable people of the city, served its purpose to the satisfaction of all.

Quite a number of physicians and surgeons from a distance arrived the third day, the printed programme setting forth the fact that Professor A. M. Owen would read a paper entitled "Lithotomy *vs.* Lithotrity," designed to review the position assumed by Dr. Reuben A. Vance, in the paper he presented the Society at Springfield, Illinois, a year ago, and which subsequently appeared in the Reporter under the title "The Principles and Practice of Modern Lithotrity, and the Recent Issues by which they are Imperiled," and it being currently reported, on the authority of the Secretary, Dr. G. W. Burton, that Dr. Vance had arranged to be present in time to participate in the discussion, at least, of that one paper.

The train brought great accessions to the number already on hand, and at 10 o'clock Thursday morning the number of physicians assembled in Evans Hall was estimated at between three and four hundred.

We noticed among visitors from abroad, Drs. Mussey and Vance, of Cincinnati, Briggs, of Nashville, Borck, of St. Louis, and Dudley, of Chicago.

The Evansville physicians who had not already read their papers made arrangements to withdraw their contributions in a body, in order that more time might be had for the essays of those who had come from a distance. This arrangement did away with the expected discussion looked upon as certain to follow Dr. Owen's disquisition, and also deprived those present of what would doubtless have been an able presentation of the facts from Dr. Owen's standpoint, for the latter is an able writer and a fluent speaker. It was rumored later in the afternoon that both Owen and Vance had agreed to present their views to the Society at the next meeting, to be held in Louisville, in the fall of 1880. In fact, quite a number of other interesting essays went over in the same way.

Three papers—which your correspondent particularizes because they were from outsiders—were contributed on Thursday, by individuals from a distance.

Dr. Edward Borck, of St. Louis, Missouri, dwelt upon "Ovarian Tumors," in certain of their surgical aspects, and inaugurated a discussion, participated in by Rumbold, Mussey, Jones, Briggs and numerous others.

Dr. Reuben A. Vance, of Cincinnati, read a very short paper on certain points in the preparatory treatment for Lithotrity.

Dr. Briggs, of Nashville, gave a full account of the surgical aspects of intestinal obstructions.

Dr. Gregory, of St. Louis, delivered a public address on Thursday evening, which was justly praised by all his auditors.

The fourth day was a repetition of the preceding ones. In fact, without attempting to particularize further, your correspondent declares that the session as a whole was one of the most enjoyable occasions of the kind he ever partici-

pated in. One feature of the affair was the genial, open-hearted hospitality of the physicians of Evansville, who did all in their power to make their visitors comfortable.

The history of the Tri-State Society proves that an essentially practical and clinical organization can be made a grand success. MEDICUS.

Evansville, Ind., Nov. 8th, 1879.

Fracture of Base of the Skull.

ED. MED. AND SURG. REPORTER:—

The following case is, I think, of sufficient interest to warrant publication:—

John Quirk, aged twenty-nine years, an engineer in the employ of the Troy Whig Publishing Company, on the night of September 22d, while at work on the top of the boiler, in the engine room, fell backward, a distance of twelve feet, striking on the back of his head. I saw him within fifteen minutes after the accident. There was a large scalp wound over the occiput; blood was pouring from both ears. He was very restless, and at times violent, and although only semi-conscious, answered when spoken to loudly. His immediate removal to the Troy Hospital was directed, where, after prescribing a dose of potass. brom., with morph., and cold to the head, I left him until morning. He was then quite comfortable; had been violent at times during the night, and tried to get out of bed. A pale, watery fluid was running from the left ear; there was extravasation of blood over the left mastoid process; about twenty grains of brain matter was taken from the right ear. (Dr. Rousseau, one of the medical staff, kindly examined it microscopically, and reported that there could be no doubt as to the identity of the substance.) Very deaf; semi-conscious; slight squint of the right eye. Had not urinated since brought to the hospital; tried to introduce catheter, but he resisted so violently that chloroform was administered, when a large quantity of high-colored urine was withdrawn. It was not necessary to repeat this procedure thereafter, the urine being passed voluntarily. It was necessary, however, to arouse him for this purpose at regular intervals, though it was with great difficulty that he could be made to understand what was required. His condition did not vary much until the evening of the third day, when he had a severe convulsion, which lasted about thirty minutes. This was the only marked secondary effect noted while he remained in the hospital. His mind gradually cleared up, and on the eighteenth day after the receipt of the injury he left the hospital. He was then almost totally deaf, and complained of a fullness about the head

As to treatment, except the occasional use of brom. potash, and a little morphia, little or nothing was done. He was freely purged when the convulsion occurred.

Remarks.—The brain matter very rarely, indeed, exudes from a fracture of the base of the skull. When present, this symptom is, of course, decisive of the existence of fracture. The usual symptoms are either extravasation of blood or the escape of the subarachnoid fluid, both of which were noted in the case cited. The fracture was probably through the petrous portion of the temporal bone, and involved the posterior fossa as well. C. C. SCHUYLER, M.D.

Troy, N. Y., Nov. 7th, 1879.

Treatment of Dropsy.

ED. MED. AND SURG. REPORTER:—

In reply to some recent inquiries in the REPORTER (page 371, current volume), I would say that, as a diuretic in dropsical cases, generally, the following is, incomparably, the best I have tried during a practice of nearly thirty years:—

℞. Potassii bromidi,
" acetatis, āā ℥j
" iodidi,
Pulv. potassii chloratis,
" " bicarbonatis, āā ℥iij
Tr. digitalis purpu., f. ℥j
Alcoholis, f. ℥ij
Aquæ, q.s

Shake to saturation.

SIG.—Coch. mag., ter die.

The medicine should be taken before eating, in water, flaxseed or watermelon seed tea. Give the above combination a trial before resorting to elaterium or paracentesis. Once upon a time, and while indulging in a random search for something with which to "hit the nail on the head," I determined to aggregate the forces of the above array. I was most agreeably disappointed, and in every case since the result has been truly pleasing. In no instance has the effusion refused to disappear or to greatly decrease, promptly and rapidly, on first trial, usually in three or four days, and in one case in twenty-four hours. Under some conditions, a longer time will, of course, be demanded. In two cases, perhaps, where it became necessary to recur for a second or third time to the use of the remedy, the effect was not so gratifying.

In conclusion, I will add, that while I do not give the prescription as curative, *per se*, in any considerable number of cases, I hesitate not to express my anxiety to have others test its virtues, believing that it will, as a basilar factor, be found most satisfactorily potential.

Camilla, Ga. W. W. TWITTY, M.D.

Manipulation in Reduction of Dislocation.

ED. MED. AND SURG. REPORTER:—

I have, within a few days, encountered in my practice two cases of dislocation, one a luxation of the femur at the hip joint, and the other a luxation of the humerus at the shoulder. My object in reporting the cases is on account of the employment of manipulative procedure adopted in both instances, and the facility of reduction attendant upon such procedure.

The case of femur dislocation happened in a man of about fifty years of age, and of herculean frame. The accident was caused by his being precipitated to the ground violently, from a wagon in which he was riding, the horse attached there-

to having taken fright. Two days intervened before I was summoned to see the patient. On visiting him, I found the thigh semiflexed upon the body, and in a fixed position. Examination of the limb convinced me that the injury I was invited to treat was a displacement of the femur: in other words, luxation of its head backward and upward upon the dorsum of the ilium. Before an attempt at righting the malposition, I proceeded to put the patient under the influence of an anæsthetic. Having accomplished this, I resorted to Ried's method of reduction, which resort was not only successful, but easily and speedily so, and I might add, *felicitously* successful beyond any expectation I had previously ever entertained in the matter of thigh reduction by any conceived or attempted method of procedure or practice.

The second case of accident occurred to a young man aged about twenty-five years, of average muscular development. It was sustained by a misstep, and consequent fall, in alighting from a railway car. The patient called upon me at my office, for consultation, soon after receipt of his injury. Having seated him in a chair, and upon examination satisfying myself of the existence of a luxation of the humerus in the axilla, I proceeded to reduce the same by the adoption of Prof. Henry H. Smith's plan, namely, by the elevation of the arm and rotation of the head of the humerus. I will observe that the same signally satisfactory result crowned my effort at reduction in the last as in the previously mentioned case.

For a description of Ried's method of reduction of femur dislocation the reader is referred to a communication, by Dr. Geo. Sutton, in the Reporter of January 22d, 1875. The article in question is additionally interesting on account of the suggestion of the fulcrum in aid of manipulative procedure. For description and illustration of Prof. Smith's method of humerus reduction, the writer refers the reader to the number of the Reporter bearing date of February 9th, 1861. J. H. Thompson, M.D.

Goshen, N. Y., Nov. 5th, 1879.

Public Health Legislation.

Ed. Med. and Surg. Reporter:—

In giving the "Story of Public Health Legislation," I accidentally omitted the following items, which I deem of sufficient importance in that connection to beg your publication of the same:—

A joint resolution of Congress, approved June 6th, 1872, directed the Secretary of War to detail one or more medical officers of the army to visit certain ports on the Southern and Gulf coasts, with reference to the establishment of a more uniform and effective system of quarantine," and "whether any system of quarantine is likely to be effective in preventing invasions of yellow fever, and if so, what system will least interfere with the interest of commerce at said ports."

Assistant Surgeon Harvey E. Brown was detailed to make the investigations called for, and accomplished the task with credit. His conclusions were, that the "germinal principle of the disease was imported from elsewhere;" that a "system of quarantine can be organized which will prove effective;" that such a system, "properly organized, will not interfere with the interests of commerce;" that the lack of uniformity in State and municipal quarantines renders them inefficient; and that the danger from the disease is measurably lessened in proportion as attention is paid to the local hygiene and sanitary condition of certain ports."

Two years later Senator Sargent introduced a bill (S. 424) to establish a "Bureau of Health," which was twice read, and referred to the Committee on Education and Labor, and ordered to be printed.

The object of this bill was for the Bureau of Health to acquire and diffuse among the people of the United States useful information on subjects connected with the preservation of the public health, and to assist, whenever called upon, the several States and Territories of the United States in the establishment of any efficient sanitary and quarantine systems and regulations.

Notes from Practice.

Ed. Med. and Surg. Reporter:—

The following notes may be useful to practitioners:—

1. A drop of glycerine allowed to fall into the hypodermic syringe will keep the piston moist for an indefinite time, and prevent the annoying delay which the physician is apt to experience when he wishes to use his hypodermic syringe after a few days' rest.

2. The tin bellows which is manufactured for the purpose of blowing the poison into the holes where roaches may be lurking, forms a more convenient, and surely safer, method of applying sulphur locally to the throat in diphtheria than a quill, as has been recommended.

3. Many physicians wish to preserve permanently the tracings made on the glass by the sphygmograph. The following method is, I believe, original:—

Make a strong solution of the ferrocyanide of potassium (the *red, not yellow*, prussiate of potash). Paint this solution over some sheets of writing paper, allow the paper to dry in the dark, and keep them secluded from the light. When it is required to make a copy of the tracings, cut a piece of the paper of an appropriate size, and having laid the glass upon it, face downward, expose it for some hours to the sunlight. Then remove the paper and wash it in clean water. The sphygmographic curve will be found permanently printed in blue. Daniel I. Kelly, M.D.

Washington, D. C.

A Nuisance.

It is a nuisance and an imposition on readers of periodicals, medical or general, to have advertising leaves sprinkled through the reading matter. A few years ago this was unknown in any respectable journal; but of late it has been introduced and is extending. We advise readers to protest in energetic terms to the editors against it.

News and Miscellany.

The Diphtheria in Russia.

A dispatch to the London *Times* says: Diphtheria, which for several years has made great ravages in Russia, seems now to be gaining more and more ground. The disease, says the *Novoe Vremya*, has attained such frightful proportions in some regions that the percentage of mortality far exceeds that of the births. In Odessa, since May last, diphtheria snatched away seventy-six per cent. of the children, and in Stavropol, in the course of four months, one-half of the infant population fell victims to the disease. More than eleven vast districts are afflicted with the disease. The mortality, both of the youthful and adult population, is so enormous that the government has appointed a special commission, under M. Karel, Physician in Ordinary to the Emperor, to inquire into the causes of the epidemic, and has issued strict injunctions to the local authorities about the measures to be adopted for the arrest and extinction of the disease.

Definition of Evolution.

The *Chemist and Druggist* observes that it was Herbert Spencer who made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." And it was the mathematician Kirkman who translated the definition into plain English: "Evolution is a change from a nohowish, untalkaboutable, all-alikeness, to a somehowish, and in-general-talk-aboutable, not-at-all-alikeness, by continuous somethingelseifications and sticktogetherations."

Personal.

—The Trustees of the Jefferson College, at the suggestion of the Faculty of the College, at a meeting on November 12th, elected Dr. Henry C. Chapman to fill the Chair of Physiology during the present session, made vacant by the death of Professor J. Aitken Meigs.

Items.

Correction.—In the clinic of Prof. Gross, last week, the word *sebaceous* occurs for *fibroid*, and *myxoma* for cystic growth.

—Dr. G. E. Rindfleisch has calculated the rapidity of the reparation of the blood after the menstrual loss, and finds it to be at the rate of 175 *millions* of red globules per minute!

—The wife of Li-hung Chang, of Shanghai, having fallen ill, and all the native doctors having pronounced her case hopeless, an English practitioner was called in, and cured her. As an expression of his satisfaction at this result, Li-hung Chang has established a hospital at Tientsin, under foreign guidance, which is being largely patronized by the higher class of Chinese.

—Dr. Spörer, of St. Petersburg, claims an important improvement on Nélaton's reversal method in chloroform asphyxia. Instead of merely holding the patient head down, he hangs him or her out of a window, head down, swinging the body to and fro like a pendulum, thus getting fresh air, etc. There is nothing like improving on the methods of the elders.

—The St. Louis *Clinical Record* says—

"The older medical schools of this city are crowded with students. 'Hard times' are evidently giving way. The prospect of more stringent requirements in the near future is evidently having its effect also in driving the more timid to school while diplomas can still be easily obtained."

—The New York *Nation* says: All health boards may be advised to take notice of the inquiry into the cause of the foul water universally complained of in the Red River region of Minnesota, as well as further south and west, as set forth in the seventh annual report of the State Geologist (Minneapolis). Alkaline waters and pine well-curbing are the two factors which have produced an endless amount of typhoid fever.

—A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster, when he married him, a short time since, missed his opportunity. He is of opinion that when the Dean put the familiar query in the marriage service, it should have run thus: Do you take this anthropoid to be your co-ordinate, to love with your nerve centres, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primitive atoms? The learned professor would probably have thought twice before answering, I will!

OBITUARY NOTICES.

Prof. James Aitken Meigs, M.D.

At a meeting of the Faculty of Jefferson Medical College held November 10th, the Dean announced the death of Dr. James Aitken Meigs, Professor of the Institutes of Medicine. Whereupon it was

Resolved, That the Faculty of Jefferson Medical College have learned with profound sorrow of the death of their friend and colleague, Dr. James Aitken Meigs, which occurred on the morning of the 9th inst.

The Faculty desire to express their keen sense of the great loss they have sustained. While bowing to the decree of an all-wise Providence they deeply mourn the removal—in the prime of life—of their beloved friend and associate.

Gifted with superior powers of mind, cultivated and matured by a life of study and research, and genial and kindly in his bearing, he won the admiration and confidence of all with whom he associated.

His clear and impressive manner in the lecture room secured the attention and sympathy of his pupils, and rendered him eminently successful as the expounder of an extensive and difficult branch of medical science.

At all times cordially in sympathy with his colleagues, and loyal to the interests of the school at large, the Faculty feel that while they have lost a judicious and helpful companion, the Jefferson Medical College, for whose success he labored so faithfully, has been deprived of both an ornament and pillar of strength.

Resolved, That realizing the unutterable sadness thus brought upon the venerable father of Dr. Meigs, the Faculty desire to convey to him their sincerest sympathy and confidence.

Resolved, That a copy of these resolutions be transmitted to the bereaved father, and that the Faculty will attend the funeral in a body.

ELLERSLIE WALLACE,
Dean of the Faculty.

JEFFERSON MEDICAL COLLEGE,
November 11th, 1879.

A special meeting of the Alumni Association was held this morning, at the College, at 11 o'clock, to take action in reference to the death of the late Professor J. Aitken Meigs. There was a large attendance of the members of the Alumni and the students of the College. The President, Prof. S. D. Gross, presided, with Dr. T. H. Andrews as Secretary.

Prof. Gross, in alluding to the death of Prof. Meigs, said—

"He was one whom we all loved, whom we all admired, and whose loss we all feel. It is fitting that we should take some action as a tribute of respect to his memory. His loss to the College and the American medical profession will be deeply felt. I knew him for many years, and I always found him a true man, amiable and considerate in all his affairs, able and learned as a professor, and highly instructive and considerate as a colleague."

Prof. Gross then presented a minute, which was adopted.

"The Alumni Association of the Jefferson Medical College of Philadelphia has heard with profound sorrow of the death of Prof. J. Aitken Meigs, which took place at his late residence, in this city, on Sunday, November 9th, in the fifty-first year of his age. By this event, so sudden and unexpected, the Association has lost a most valued member, the College a most able, eloquent, successful teacher, and the American medical profession one of its brightest ornaments. The Association, in making this record of its sorrow, tenders to the aged and afflicted father of Dr. Meigs its heartfelt sympathy, and orders that a copy of these proceedings be sent for publication to the daily papers and to the medical journals of this city. Drs. William B. Atkinson and Turnbull made brief remarks relative to Dr. Meigs. Dr. Turnbull offered the following tribute, which was ordered to be placed on the minutes."

"WHEREAS, We have learned, with heartfelt sorrow and deep regret, of the sudden and most unexpected death of our dear and much beloved associate, James Aitken Meigs, M.D.,

Resolved, That while it is our painful duty to bow submissively to the mysterious and all-wise dispensation of God, we most sincerely mourn and deplore the early death of Dr. Meigs, in the very prime of his years and in the midst of his philanthropic and scientific labors.

Resolved, That it is with both pride and pleasure that we can look back to his character as a physician, his admirable powers as a lecturer and experimenter, and above all, to the noble example he set the members of our profession in his life of temperance and chastity.

Resolved, We shall hold in bright remembrance his genial, loving and social qualities, his wisdom, true Christian nobility of soul, and tried professional integrity.

Resolved, That our earnest and warmest sympathy is here expressed and extended to his sorrowing and truly bereaved parent, whose last earthly prop and stay has been thus suddenly removed, and we devoutly pray that he may be sustained in his great trial by the tender care and helping hand of the Great Physician of souls, who is always ready to succor the sorrowing and heal the broken hearted."

On motion the Association adjourned.

Dr. John Jay Abernethy,

Medical Director, United States Navy, died in New York, October 28th. He was born in Connecticut, December, 1805, graduated at Yale College, 1825, and took his medical degree in New York city. In 1837 he entered the naval service of the United States as a surgeon, and rose, by regular promotion, to the position of Medical Director, from which he was retired about nine years ago. One of his first cruises was on the coast of Africa, and subsequently he was with the United States Squadron of the Mediterranean. His first perilous service was seen during the Florida war, and during the war with Mexico he was with the squadron that cooperated with Gen. Scott in his memorable campaign from Vera Cruz to the City of Mexico. During the rebellion, Dr. Abernethy was with the blockading squadron off the Carolina coast. He was at one time Surgeon of the North Carolina, at another in the recruiting service at New London. He was a man of wealth.

D. H. Spickler, M.D.

Died, in Ashton, Illinois, on Tuesday, October 28th of heart disease, D. H. Spickler, M.D., aged forty-nine years. He arose from his bed in the morning, in apparently good health, and went to his office, where he was found dead, about ten o'clock. Dr. Spickler was born in Middleburg, Franklin Co., Pa., March 18th 1830, and went west some time during the year 1853. He graduated in his profession at the Rush Medical College, in 1857, soon after which he entered into partnership with his cousin, Dr. G. W. Hewitt, of Franklin Grove. The partnership was eminently successful for a number of years, when the Doctor retired and engaged in the drug trade, which he conducted for a time, and then returned to practice in Ashton, Illinois.

QUERIES AND REPLIES.

Dr. J. N. B., of Pa., asks: "Can a rape be committed upon a female when under the influence of any anæsthetic, and conception take place, without her knowing it, or being at all conscious of the act?"

Ans.—Yes, it can.

Dr. J. S. L., of Ky.—Medical officers in the French army do not hold military rank.

Scrutiny.—It is not considered decorous for a physician to allow his name to be attached to a pharmaceutical preparation.

Wanderer.—We suppose Denver is quite as full of doctors as any other city; and conversely, that a good one runs as fair a chance there as elsewhere.

MARRIAGES.

DUNCAN—MIDDLEKAUFF.—On November 4th, 1879, at "Aborn House," Des Moines, Iowa, J. K. L. Duncan, M.D., and Miss Lillian J. Middlekauff, of Waukee, Iowa, Rev. J. C. Read officiating.

MILLIKEN—DOLLOFF.—In Dixmont, Ct., at the residence of the bride's father, Oct. 22d, by Rev. A. Battles, Dr. Charles J. Milliken, of Cherryfield, and Miss Lizzie M. Dolloff, of Dixmont.

RICHARDS—VAN LIEW.—At the First Presbyterian Church, Bloomfield, N. J., on Wednesday, October 29th, 1879, by the Rev. H. W. Ballantine, assisted by the Rev. Dr. Kennedy, Harry E. Richards, M.D., and Helen L. Van Liew, both of Bloomfield.

STONE—REED.—At the residence of the bride's mother, in Bristol Center, N. Y., October 22d, 1879, by Rev. G. S. Watson, J. Leslie Stone, M.D., of Alba, Pa., and Miss Ellen Reed, of Bristol Center, N. Y.

DEATHS.

BROWNLEE.—Dr. James J. Brownlee, who had been for several years an inmate of St. Luke's Home for the Aged, in Hudson, died there, recently, from pneumonia. The Doctor was seventy years of age. He was a native of Pennsylvania, but had been a practicing physician in New York for nearly thirty years.

CALDWELL.—Suddenly, of paralysis of the heart, at Grand Falls, New Brunswick, on the 3d instant, Dr. Charles E. Caldwell, in the 32d year of his age.

MUNGER.—In Waterville, N. Y., on Tuesday, 4th inst., L. A. Munger, M.D., aged 66 years.